U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Office of Rural Health Policy (ORHP)

Rural Policy Analysis Program

Announcement Type: New
Announcement Number: HRSA-12-096

Catalog of Federal Domestic Assistance (CFDA) No. 93.155

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: January 17, 2012

Ensure your Grants.gov registration and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration may take up to one month to complete.

Release Date: November 16, 2011

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Nicole Comeaux
Public Health Analyst
Office of Rural Health Policy
Health Resources and services Administration
Email: ncomeaux@hrsa.gov
Telephone: (301) 443-5433
Fax: (301) 443-2803

Authority: Section 711(b) of the Social Security Act, (42 U.S.C. 912(b))

Table of Contents

I. Funding Opportunity Description

1. Purpose

This funding opportunity announcement solicits applications for the Rural Policy Analysis Program. The purpose of this program is to support research and analysis of key policy issues affecting rural communities to inform policy makers. The program is national in scope and looks at cross-cutting rural health and human services issues in order to identify trends and challenges. Funded projects should focus on the changing rural environment and outline how they would achieve the following:

(1) facilitate public dialogue on key rural policy issues by tracking emerging rural health and human services policy issues and synthesize them in a manner that provides for easy consumption by rural community leaders, with particular emphasis on rural health care providers and systems;

(2) identify opportunities for integrating health and human services in rural policy, program, and evaluation in a local community context;

(3) identify opportunities to demonstrate broad community impact of policies and programs in rural health and human services, consistent with policy goals related to rural revitalization and sustainability of rural regions; and

(4) provide analysis of policies and regulations that helps optimize positive impacts on rural health systems and communities in the form of policy briefs, reports, and oral presentations. These activities should educate and inform rural decision makers and policy leaders as well as organizations focused on improving health and human services in rural communities such as State Offices of Rural Health, State Rural Health Associations, and the like.

2. Background

The Rural Policy Analysis cooperative agreement is authorized by Section 711 (b) of the Social Security Act (42 U.S.C. 912 (b)).

Rural America faces significant challenges in ensuring access to needed health and human services. Like the U.S. population as a whole, the rural population is aging. This has implications for health care and human services provision. Rural residents also report poorer health and more physical limitations than urban residents. Rural residents may experience greater financial and geographic barriers to access, with the nonmetro population being less likely to have health insurance coverage than the metro population. The range of health care providers and services in rural communities is narrower than in metro areas, especially due to declining rates for family medicine residency match, the redistribution of J1 Visa waivers, and the continued shortage of allied and other health care professions workforce.

Amid these demographic challenges, there are also significant changes taking place in terms of Federal and State policies. The implementation of the Patient Protection and Affordable Care Act (Affordable Care Act) will have a profound impact on rural communities. The Affordable Care Act contains a wide variety of rural-specific provisions in addition to other provisions that are not specific to rural, but have rural health implications.

There is a need for a mechanism to help synthesize and understand the implications of policy changes in rural health and human services delivery within the larger context of rural America for public policy makers, providers, leaders, and decision makers.

II. Award Information

1. Type of Award

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement, **HRSA Program responsibilities shall include**:

(a) consultation and guidance in planning, operation and evaluation activities, including the identification and selection of policy issues and the analysis of key information sources from which to draw upon for the synthesis analysis;

(b) guidance and assistance in identifying key organizations through which to share key information on emerging policy issues;

(c) participation, as appropriate, in the planning and implementation of any meetings, training activities or workgroups conducted during the project period;

(d) consultation in the identification of targets of opportunity for disseminating information about programs that coordinate both health and human services; and

(e) review, provision of comments, recommendations, and approvals for documents, curricula, and other work policy briefs and reports created under the cooperative agreement prior to printing, dissemination or implementation.

Requirements and Obligations of the cooperative agreement recipient shall include:

(a) quarterly creation and distribution of policy briefs or reports that will inform public policy makers, providers, leaders, and decision makers on timely issues in the area of rural health policy;

(b) facilitate public dialogue on key rural policy issues by tracking emerging rural health and human services policy issues and synthesizing them in a manner that provides for easy consumption by rural community leaders, with particular emphasis on rural health care providers and systems;

(c) identify opportunities for integrating health and human services in rural policy, program, and evaluation in a local community context;

(d) identify opportunities to demonstrate broad community impact of policies and programs in rural health and human services, consistent with policy goals related to rural revitalization

and sustainability of rural regions; and

(e) provide analysis of policies and regulations that optimize positive impacts on rural health systems and communities in the form of policy briefs, reports, and oral presentations.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2012 - 2016. Approximately $225,000 is expected to be available annually to fund one awardee. Applicants may apply for a ceiling amount of up to $225,000 per year. The project period is five years. Funding beyond the first year is dependent on the availability of appropriated funds for the Rural Policy Analysis program in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit or for-profit organizations. Eligible organizations may include State, local, and Indian tribal governments; institutions of higher education; other non-profit organizations (including faith-based, community-based, and tribal organizations); and hospitals.

Eligible applicants must be national in scope and have an established long term relationship with each of the following constituencies: rural clinical service networks; frontier residents; rural hospitals and community health systems; rural medical and health care provider educators; rural health clinics; State Rural Health Associations (SRHA) and State Office of Rural Health (SORH).

Applicants must have experience identifying emerging rural health care policy issues and providing feedback to office inquires regarding those issues. Eligible applicants must demonstrate experience conducting policy research in the areas of access to health care services, Medicare and Medicaid policies, development of rural delivery systems and public health. Applicants should also have the capacity to disseminate policy analysis that informs policy makers of the needs of rural health care delivery systems in the design and implementation of health care policy. Finally, applicants must demonstrate past experience and the ability to communicate the implications of national health policies for rural health services and delivery to a variety of audiences in a number of settings including meeting presentations and panel discussions. Applications that fail to show such experience will not be considered.

2. Cost Sharing/Matching

Cost Sharing/Matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information
HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. This robust registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from **DGPWaivers@hrsa.gov**, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Your email must include the HRSA announcement number for which you are seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification you received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations. Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect, so *check for active registration well before your grant deadline.*

An applicant can view their CCR Registration Status by visiting http://www.bpn.gov/CCRSearch/Search.aspx and searching by their organization's DUNS. The CCR Website provides user guides, renewal screen shots, FAQs and other resources you may find helpful.

Applicants that fail to allow ample time to complete registration with CCR and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

All applicants are responsible for reading the instructions included in HRSA's *Electronic Submission User Guide,* available online at http://www.hrsa.gov/grants/userguide.pdf. This Guide includes detailed application and submission instructions for both Grants.gov and HRSA's Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at http://www.grants.gov/assets/ApplicantUserGuide.pdf. This Guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form SF-424 Research and Related (SF-424 R&R). The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

1) Downloading from http://www.grants.gov, or

2) Contacting the HRSA Digital Services Operation (DSO) at:
   HRSADSO@hrsa.gov

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted for that opportunity. Specific instructions for preparing portions of the application that must accompany the SF-424 R&R appear in the "Application Format Requirements" section below.

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the Electronic Submission User Guide referenced above.**
Applications must be complete, within the 80-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.

Application Format

Applications for funding must consist of the following documents in the following order:

SF-424 R&R – Table of Contents

> ⌨ **It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.**
> ⌨ **Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.**
> ⌨ For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
> ⌨ For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
SF-424 R&R Cover Page	Form	Pages 1 & 2.	Not counted in the page limit.
Pre-application	Attachment	Can be uploaded on page 2 of SF-424 R&R - Box 20.	Not Applicable to HRSA; Do not use.
SF-424 R&R Senior/Key Person Profile	Form	Supports 8 structured profiles (PD + 7 additional)	Not counted in the page limit.
Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. One per each senior/key person. The PD/PI biographical sketch should be the first biographical sketch. Up to 8 allowed.	Counted in the page limit.
Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
Additional Senior/Key Person Profiles	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. Single document with all additional profiles.	Not counted in the page limit.
Additional Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in the Senior/Key Person Profile form. Single document with all additional sketches.	Counted in the page limit.
Additional Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in the Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in SF-424 R&R Performance Site Location(s) form. Single document with all additional site location(s).	Not counted in the page limit.
Other Project Information	Form	Allows additional information and	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		attachments.	
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 8.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Budget Period (1-5) - Section A – B	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Senior Key Persons	Attachment	SF-424 R&R Budget Period (1-5) - Section A - B, End of Section A. One for each budget period.	Not counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section C – E	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Equipment	Attachment	SF-424 R&R Budget Period (1-5) - Section C – E, End of Section C. One for each budget period.	Not counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section F – K	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
SF-424 R&R Cumulative Budget	Form	Total cumulative budget.	Not counted in the page limit.
Budget Justification	Attachment	Can be uploaded in SF-424 R&R Budget Period (1-5) - Section F - J form, Box K. Only one consolidated budget justification for the project period.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Subaward Budget	Form	Supports up to 10 budget attachments. This form only contains the attachment list.	Not counted in the page limit.
Subaward Budget Attachment 1-10	Attachment	Can be uploaded in SF-424 R&R Subaward Budget form, Box 1 through 10. Extract the form from the SF-424 R&R Subaward Budget form and use it for each consortium/ contractual/subaward budget as required by the program funding opportunity announcement. Supports up to 10.	Filename should be the name of the organization and unique. Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
SF-424B Assurances for Non-Construction Programs	Form	Assurances for the SF-424 R&R package.	Not counted in the page limit.
Bibliography & References	Attachment	Can be uploaded in Other Project Information form, Box 9.	Optional. Counted in the page limit.
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 10.	Optional. Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 11.	Optional. Counted in the page limit.
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for **specific** sequence. Counted in the page limit.
Other Attachments	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 12. Supports multiple.	Not Applicable to HRSA; Do not use.

- ⌕ **To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.**
- ⌕ Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
- ⌕ Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
- ⌕ Merge similar documents into a single document. Where several documents are expected in one attachment, ensure that you place a table of contents cover page specific to the attachment. Table of Contents page will not be counted in the page limit.
- ⌕ Limit the file attachment name to under 50 characters. Do not use any special characters (e.g., %, /, #) or spacing in the file name or word separation. (The exception is the underscore (_) character.) Your attachment will be rejected by Grants.gov if you use special characters or attachment names greater than 50 characters.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Tables, Charts, Etc.
Attachment 2	Job Description for Key Personnel
Attachment 3	Letter of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)
Attachment 4	Project Organizational Chart
Attachment 5	Other Relevant Documents

Application Format

i. *Application Face Page*
Complete Standard Form 424 Research and Related (SF-424 R&R) provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.155.

DUNS Number
All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at http://fedgov.dnb.com/webform or call 1-866-705-5711. Please include the DUNS number in item 5 on the application face page. Applications *will not* be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being "Rejected for Errors" by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the Central Contractor Registration (CCR) in order to do electronic business with the Federal Government. CCR registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that your CCR registration is active and your Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at http://www.ccr.gov.

ii. *Table of Contents*
The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

iii. Budget
Complete Research and Related Budget Form provided with the application package.

The sum of direct costs plus indirect costs (i.e., total costs) must not exceed $225,000. The FY 2012 budget year begins on July 1, 2012 and ends on June 30, 2013.

Please complete the Research & Related Budget Form (Sections A – J and the Cumulative Budget) for each budget period. Upload the Budget Justification Narrative for the entire project period (all budget periods) in Section K of the Research & Related Budget Form. Following completion of Budget Period 1, you must click on the "NEXT PERIOD" button on the final page to allow for completion of Budget Period 2. You will repeat this instruction to complete Budget Periods 3, 4, and 5.

The Cumulative Budget is automatically generated and provides the total budget information for the three-year grant request. Errors found in the Cumulative Budget must be corrected

within the incorrect field(s) in Budget Period 1, 2, 3, 4 or 5; corrections cannot be made to the Cumulative Budget itself.

iv. *Budget Justification*
Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period (usually one to four years) at the time of application. Line item information must be provided to explain the costs entered in the Research and Related budget form. Be very careful about showing how each item in the "other" category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification MUST be concise. Do NOT use the justification to expand the project narrative.

Budget for Multi-Year Award
This announcement is inviting applications for project periods up to five (5) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to five (5) years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the five-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. The percentage of effort for each funded staff member may not exceed 100% of effort of participation on ALL Federal grants, inclusive of this cooperative agreement.

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of $5,000 or more and a useful life of one or more years).

Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

Contractual: Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in CCR and provide the recipient with their DUNS number.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: http://rates.psc.gov/ to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

v. *Staffing Plan and Personnel Requirements*
Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in **Attachment 2**. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

vi. *Assurances*
Complete Application Form SF-424B Assurances –Non-Construction Programs provided with the application package.

vii. *Certifications*
Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package. Any organization or individual that is indebted to the United States,

and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a federal grant. By signing the SF-424 R&R, the applicant is certifying that they are not delinquent on federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.). If an applicant is delinquent on federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as **Attachment 5**.

viii. *Project Abstract*
Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served.

Please place the following at the top of the abstract:
- Project Title
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable

The project abstract must be single-spaced and limited to one page in length.

ix. *Project Narrative*
This section provides a comprehensive framework and description of all aspects of the proposed program. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- *INTRODUCTION*
  This section should briefly describe the purpose of the proposed project.

- *NEEDS ASSESSMENT*
  This section outlines the need for research and analysis of key policy issues affecting rural communities. The target population and its unmet health and human service needs must be described and documented in this section. Demographic data should be used and cited whenever possible to support the information provided. This section should help reviewers understand how rural decision makers and policy leaders will be served by the proposed project.

- *METHODOLOGY*
  Propose methods that will be used to analyze cross-cutting rural health and human services issues to identify trends and challenges facing rural communities. Activities proposed

should focus on the changing rural environment and outline how they would achieve the following:

(1) facilitate public dialogue on key rural policy issues by tracking emerging rural health and human services policy issues and synthesize them in a manner that provides for easy consumption by rural community leaders, with particular emphasis on rural health care providers and systems;

(2) identify opportunities for integrating health and human services in rural policy, program, and evaluation in a local community context;

(3) identify opportunities to demonstrate broad community impact of policies and programs in rural health and human services, consistent with policy goals related to rural revitalization and sustainability of rural regions; and

(4) provide analysis of policies and regulations that helps optimize positive impacts on rural health systems and communities.

- *WORK PLAN*
  Describe the activities or steps that will be used to achieve each of the activities proposed during throughout the project period in the Methodology section. Use a time line that includes each activity, identifies responsible staff, and covers the entire five-year span of the proposed project.

- *RESOLUTION OF CHALLENGES*
  Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY*
  As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, with different cultural groups (e.g., race, ethnicity, language) and explain how the data will be used to inform program development and service delivery. Propose a feasible and effective method to monitor and evaluate the project results.

- *ORGANIZATIONAL INFORMATION*
  Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Provide information on the program's resources and capabilities to support provision of culturally and linguistically competent and health literate services. Describe how the unique needs of target populations of the communities served are routinely assessed and improved. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Applicants must have significant experience with rural health and human services research and analysis at a national level and should provide examples of this experience within the application. Project personnel must be comprised of a diversified group demonstrating, academic, research, clinical, and legal credentials that would qualify them by training and/or experience to implement and carry out the requirements and obligations of this cooperative agreement.

x. *Attachments*

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled**.

Attachment 1: Tables, Charts, etc.
   To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 2: Job Descriptions for Key Personnel
   Please keep each to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)
   Provide any documents that describe working relationships between the applicant organization and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable(s). Letters of agreement must be dated.

Attachment 4: Project Organizational Chart
   Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

Attachments 5: Other Relevant Documents
   Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated.

   Include only letters of support which specifically indicate a commitment to the proposed project/program (in-kind services, dollars, staff, space, equipment, etc.). List all other support letters on one page.

3. Submission Dates and Times

Application Due Date
The due date for applications under this funding opportunity announcement is *January 17, 2012 at 8:00 P.M. ET*. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a series of email messages advising you of the progress of your application through the system. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and the fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

Late applications:
Applications which do not meet the criteria above are considered late applications and will not be considered in the current competition.

4. Intergovernmental Review

The Rural Policy Analysis Cooperative Agreement is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to five (5) years, at no more than $225,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for other Office of Rural Health Policy (ORHP) or Health Resources and Services Administration (HRSA) Programs.

6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are *required* to submit *electronically* through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at http://www.Grants.gov. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization *immediately register* in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process you will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with Central Contractor Registration (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at http://www.grants.gov. Assistance is also available 24 hours a day, 7 days a week (excluding federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will <u>not</u> accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov before the deadline date and time. Deadline extensions will <u>not</u> be provided to applicants who do not correct errors and resubmit before the posted deadline.

If, for any reason, an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's last validated electronic submission prior to the application due date as the final and only acceptable submission of any competing application submitted to Grants.gov.

Tracking your application: It is incumbent on the applicant to track their application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at https://apply07.grants.gov/apply/checkApplStatus.faces. <u>Be sure your application is validated by Grants.gov prior to the application deadline.</u>

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review Criteria are used to review and rank applications. The Rural Policy Analysis Cooperative Agreement has six (6) review criteria:

Criterion 1: NEED (15 points) - The extent to which the applicant:

- Demonstrates a comprehensive understanding of the unique needs of target populations of the communities served as well as an understanding of the type of analysis necessary to routinely assess and improve rural communities.
- Demonstrates the problem and associated contributing factors to the problem clearly.
- Exhibits a strong understanding of the issues facing rural communities and health care providers with specific emphasis on the challenges resulting from federal health care

policy development and implementation, and the interaction with state policy and activities involving commercial insurers and community health systems.

- Provides clear focus on information national policy makers need, in particular, and State and local decision makers as well, who are concerned with rural health care services.

Criterion 2: RESPONSE (25 points) - The extent to which the proposed project:

- Responds appropriately to the "Purpose" included in the program description.
- Effectively monitors emerging rural health and human services policy issues.
- Proposes a method to synthesize complex legislative and regulatory issues for easy consumption by rural community leaders and policy makers.
- Provides ideas for integrating health and human services in rural policy, programs within a rural community context.
- Outlines feasible methods to identify and analyze the broad community impact of national policies and programs on rural health and human services.
- Will provide valuable policy analysis that focuses on continually improving the health and human services available to rural communities.
- Provides a reasonable work plan that describes the activities or steps that will be used to achieve each of the evaluation activities proposed
- Demonstrates the thoroughness with which the applicant presents and discusses the challenges that are likely to be encountered in designing and implementing the activities, as well as approaches that would be used to address such challenges.

Criterion 3: EVALUATIVE MEASURES (5 points) – The extent to which the applicant:

- Proposes a feasible and effective method to monitor and evaluate the project results.
- Proposes an evaluation plan that is logical, technically sound and practical, and able to yield meaningful findings about key areas of project process and outcome.
- Details the relevance, substantive importance, and practicality of the project-specific performance measures.

Criterion 4: IMPACT (10 points) – The extent to which the applicant adequately establishes:

- The feasibility and effectiveness of plans for dissemination of project results and/or the extent to which project results may be national in scope and the degree to which the project activities are replicable, and the sustainability of the program beyond the Federal Funding.
- An understanding of the uses of rural data analyses and research projects as a mechanism to inform policy makers of the needs of rural health care delivery systems in the design and implementation of health care policy.
- A well-designed and coherent work plan that describes how appropriate communications materials will be developed for, and disseminated to, and used by its national target audiences.
- The level of effectiveness of the proposed strategies for reaching the project's proposed national target audiences.

Criterion 5: RESOURCES/CAPABILITIES (35 points) - The extent to which the applicant demonstrates the following:

- Project personnel are qualified by training and/or experience to implement and carry out the projects.
- The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project, are described in detail and appropriate.
- Prior experience working in cross-disciplinary teams of experts to analyze how public policy affects a variety of key rural service sectors and the ability to translate that into useful information for rural citizens.
- Significant experience with rural health and human services research and analysis at a national level, as well as past experience working with policy leaders in health and human services, and should provide examples of this experience within the application.
- Understands the broad implications of rural policy issues in the areas of health care, human services, and economic development and the interplay between these issues in rural communities coupled with the ability to make that information available to the public in a variety of mediums.
- Demonstrates prior experience in communicating complex public policy issues to varied audiences in ways that identify the key rural concerns within the broader issue.
- Understands the impact of public policy on rural people and places and the impact of those forces on quality of life and an ability to translate that to rural citizens.
- Understands of cross-sector dynamics in rural policies designed to build and sustain health rural communities.
- Demonstrates ability to identify emerging issues in rural health and respond with feedback to Office inquires.

Criterion 6: SUPPORT REQUESTED (10 points) - The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results. This includes the extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.

- Strength of the budget justification that documents logically and in adequate detail how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the objectives and activities of the proposed project.

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2012.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of July 1, 2012.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations or 45 CFR Part 92 Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments, as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at http://www.hrsa.gov/grants/. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

Trafficking in Persons
Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C.

7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.html.
If you are unable to access this link, please contact the Grants Management Specialist
identified in this funding opportunity to obtain a copy of the Term.

Smoke-Free Workplace
The Public Health Service strongly encourages all award recipients to provide a smoke-free
workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the
Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion
of a facility) in which regular or routine education, library, day care, health care or early
childhood development services are provided to children.

Cultural and Linguistic Competence
HRSA programs serve culturally and linguistically diverse communities and multiple cultures.
Although race and ethnicity are often thought to be dominant elements of culture, HRSA
funded programs embrace a broader definition to include language, gender, socio-economic
status, sexual orientation and gender identity, physical and mental capacity, age, religion,
housing status, and regional differences. Organizational behaviors, practices, attitudes, and
policies across all HRSA-supported entities respect and respond to the cultural diversity of
communities, clients and students served. HRSA is committed to ensuring access to quality
health care for all. Quality care means access to services, information, materials delivered by
competent providers in a manner that factors in the language needs, cultural richness, and
diversity of populations served. Quality also means that, where appropriate, data collection
instruments used should adhere to culturally competent and linguistically appropriate norms.
For additional information and guidance, refer to the National Standards for Culturally and
Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available
online at http://www.omhrc.gov/CLAS. Additional cultural competency and health literacy
tools, resources and definitions are available online at http://www.hrsa.gov/culturalcompetence
and http://www.hrsa.gov/healthliteracy.

Healthy People 2020
Health People 2020 is a national initiative led by HHS that sets priorities for all HRSA
programs. The initiative has two major goals: (1) attain high-quality, longer lives free of
preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate
disparities, and improve the health of all groups; (3) create social and physical environments that
promote good health for all; and (4) promote quality of life, healthy development, and healthy
behaviors across all life stages. The program consists of over 40 topic areas, containing
measurable objectives. HRSA has actively participated in the work groups of all the topic areas
and is committed to the achievement of the Healthy People 2020 goals. More information about
Healthy People 2020 may be found online at http://www.healthypeople.gov/.

National HIV/AIDS Strategy (NHAS)
The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of
people who become infected with HIV, 2) increasing access to care and optimizing health
outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The
NHAS states that more must be done to ensure that new prevention methods are identified and
that prevention resources are more strategically deployed. Further, the NHAS recognizes the
importance of early entrance into care for people living with HIV to protect their health and
reduce their potential of transmitting the virus to others. HIV disproportionately affects people
who have less access to prevention, care and treatment services and, as a result, often have

poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with federally-approved guidelines for HIV Prevention and Treatment (see http://www.aidsinfo.nih.gov/Guidelines/Default.aspx as a reliable source for current guidelines). More information can also be found at http://www.whitehouse.gov/administration/eop/onap/nhas

Health IT
Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

Related Health IT Resources:
- Health Information Technology (HHS)
- What is Health Care Quality and Who Decides? (AHRQ)

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

a. **Audit Requirements**
   Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars_default.

b. **Payment Management Requirements**
   Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to http://www.dpm.psc.gov for additional information.

c. **Status Reports**
   1) **Federal Financial Report**. The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

   2) **Progress Report**(s). The awardee must submit a progress report to HRSA on a quarterly basis. More specific information and dates will be included in the Notice of

Award. Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the award notice.

3) **Final Report(s).** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at https://grants.hrsa.gov/webexternal/home.asp.

d. **Transparency Act Reporting Requirements**
New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of $25,000 or more in federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at http://www.hrsa.gov/grants/ffata.html). Competing continuation ("Type 2") awardees may be subject to this requirement and will be so notified in the Notice of Award.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Bruce A. Holmes
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-55
5600 Fishers Lane
Rockville, MD 20857-0001
Telephone: (301) 443-0752
Fax: (301) 443-6343
Email: Bruce.holmes@hrsa.hhs.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Nicole Comeaux
Public Health Analyst

Attn: Rural Policy Analysis Cooperative Agreement
Office of Rural Health Policy, HRSA
Parklawn Building, Room 5A-05
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-5433
Fax: (301) 443-2803
Email: ncomeaux@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726
E-mail: support@grants.gov

Applicants may need assistance when working online to submit the remainder of their information electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting the remaining information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Call Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Fax: (301) 998-7377
E-mail: CallCenter@HRSA.GOV

IX. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:
http://www.hhs.gov/asrt/og/grantinformation/apptips.html.